

# U.S. Army Dental Command



## PRE-MOBILIZATION DENTAL REQUIREMENTS

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# **REASONS FOR PRE-MOBILIZATION DENTAL REQUIREMENTS**

- Subject: Alternatives to Reduce Post-Mobilization Training Time for Operation Iraqi Freedom II (OIF II).
- Section (e)- **Eliminate duplication of effort and time spent at mobilization stations.**

MEMO FOR SEC ARMY FROM UNDER SECRETARY OF DEFENSE DR DAVID CHU, 10 SEP 2003

- **19% Class 3 rate**
- **87% need exam done to start**
- **87% need bitewing radiograph**
- **22% need panographic radiograph**

**OIF2  
REALITY  
(DEC03-FEB04)  
RC DENTAL**

While aspiring to be the most esteemed institution in the Nation, we will remain the most respected Army in the world and the most feared ground force to those who would threaten the interests of the United States. Our commitment to meeting these challenges is reflected in our core values: Integrity, Professionalism, Readiness, and Transformation. The Army's dental mission is to support the Army's People -- soldiers and civilians -- active and reserve -- retirees, veterans, and families. Soldiers are, and always will be, an "Affair of the Heart". Every day in The Army we do two things: we train soldiers and we grow them into leaders. The Army inspires soldiers to have the



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- History
- Photo
- Dental
- Army

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- [Mobilization Dental Requirements](#)

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# **FIVE MOBILIZATION DENTAL REQUIREMENTS**

- **COMPLETE MILITARY DENTAL RECORD**
- **ANNUAL EXAM DONE TO STANDARD**
- **PANOGRAPHIC AND SUPPORTING RADIOGRAPHS (I.E. BITEWINGS)**
- **MEDPROS DATA ENTRY CORRECT**
- **DENTAL CL 3 TREATMENT COMPLETED BEFORE MOBILIZATION SRP**

# **MILITARY DENTAL RECORD**

- **Military dental record jacket**
- **DA Form 5570, Health Questionnaire envelope**
- **DD Form 2005, Privacy Act Statement**
- **SF603 and/or DD Form 2813**
- **Panograph and supporting radiographs(i.e. BWs)**
- **HIPAA NOPP (Notice of Privacy Practices)-not required until RC soldier is federalized**

# **ANNUAL PERIODIC ORAL EXAMINATION**

## **ASD (HA) POLICY 98-021**

- ANNUAL EXAM REQUIREMENT
  - SECTION (b) Active Duty and Selected Reserve personnel require a **periodic dental examination** on an **annual basis**.
- DEPLOYMENT REQUIREMENT
  - SECTION (d) **Dental Records** shall be **screened** prior to extended deployments. Personnel shall not deploy in Dental Class 3 or 4....

# **ANNUAL PERIODIC ORAL EXAMINATION**

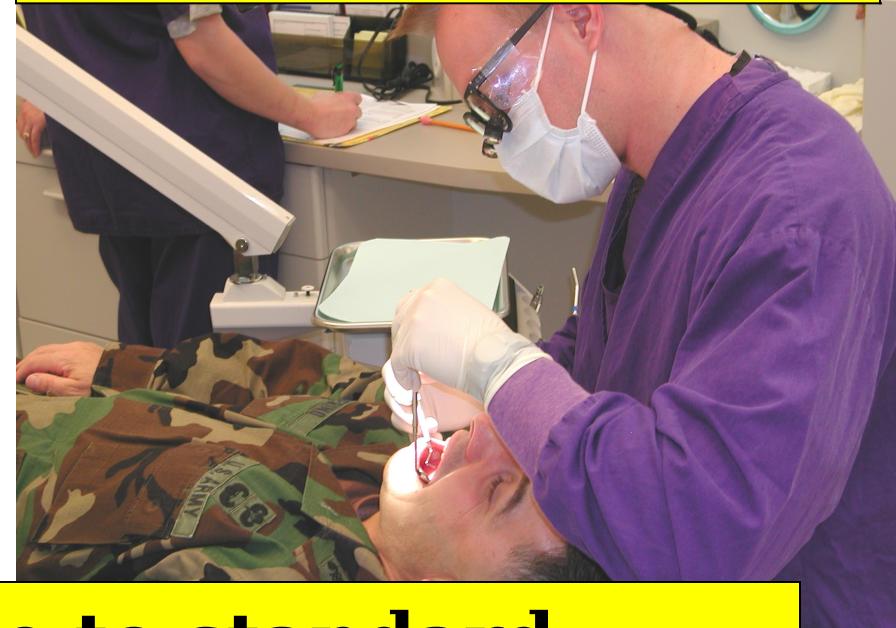
- **CODE D0120- PERIODIC ORAL EVALUATION**
  - An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes **periodontal screening** and may require interpretation of information acquired through **additional diagnostic procedures** (e.g. radiographs).

DOD Guidelines for Dental Procedure Codes (Oct 2003)

# DENTAL SCREENING



# DENTAL EXAMINATION



**A D0120 exam done to standard (mirror, probe, PSR, bitewings) will identify 12% more Class 3s than a dental screening.**

**U.**

**STUDY**

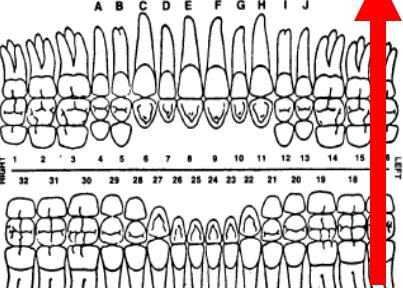
**DENCOM OIF2**

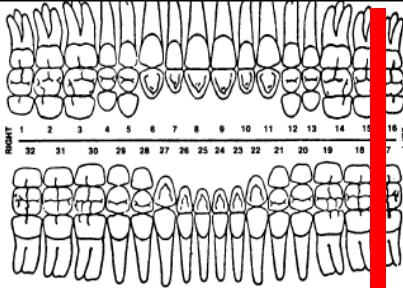
# **ANNUAL EXAM REQUIREMENTS DENCOM DTFs**

- **DENCOM POLICY LETTER 03-26, PERIODIC ORAL EVALUATION REQUIREMENTS**
  - Consistent with professional standards of D0120, periodic oral examination.
  - Components
    - **Blood Pressure Assessment (not required for RC)**
    - **Caries Risk Assessment**
    - **Periodontal Assessment- PSR**
    - **Tobacco Risk Assessment**
    - **Oral Cancer Screening**
    - **Appropriate Radiographs.**

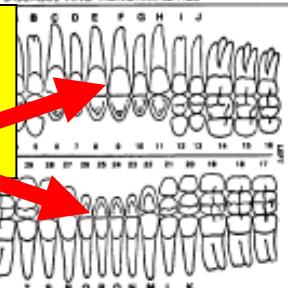
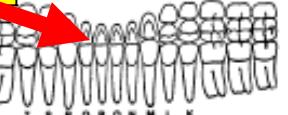
# SAMPLE SF603 WITH ANNUAL EXAM STAMP

GENERAL SERVICES ADMINISTRATION  
INTERAGENCY COMMITTEE ON MEDICAL RECORDS  
FIRMR (41 CFR) 201-45.505

HEALTH RECORD										DENTAL									
SECTION I. PRESENTING DENTAL STATUS										PAGE: 1									
1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION												
INITIAL	SEPARATION	OTHER (Specify)	1	2	3	4	1	2	3	4									
4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES										REMARKS									
																			
REMARKS																			
USE ONLY IF DIFFERENT FROM BOX 7 BELOW										REMARKS									
PLACE OF EXAMINATION										DATE									

5. Do not complete this section																			
																			
REMARKS																			
7. EXAMINING DENTIST AND FACILITY																			
PLACE OF EXAMINATION										DATE									
6. INDICATE X-RAYS USED IN THIS EXAMINATION										SIGNATURE OF DENTIST									
PANORAMIC RADIOPHGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER:	NONE TAKEN															
PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)										PATIENT'S NAME (Last, First, Middle Initial)									
DATE OF BIRTH										RELATIONSHIP TO SPONSOR		COMPONENT/STATUS		DEPT/SERVICE					
SPONSOR'S NAME										RANK/GRADE									
OR JOINT NUMBER										ORGANIZATION									
OPTION TO SF 603 COVERED BY GSA/IRMS 1-91										DENTAL Standard Form 603 (Rev. 10-75)									

Complete this section

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE										PAGE:									
8. RESTORATIONS AND TREATMENTS (Completed during service)										9. SUBSEQUENT DISEASES AND ABNORMALITIES									
All Active Dental Disease (pencil)																			
CL 3 TX Plan (pencil)																			
REMARKS																			

10. SERVICES PROVIDED										SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)										CLASS	
DATE										PERIODIC ORAL EVALUATION											
BP _____ / _____										PSR											
BWX _____ PAX _____ PANX _____																					
SOFT TISSUE WNL: Yes/No																					
CARIOS RISK: Low Mod High																					
TOBACCO: No Smoke Chew Both																					
Date																					

Complete all parts of stamp (pen) except BP

PSR? Info on DENCOM web page

Dentist Name  
Dentist Initials  
Classification  
(pen)

# DD FORM 2813

DEPARTMENT OF DEFENSE ACTIVE DUTY/RESERVE FORCES DENTAL EXAMINATION			
The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions.			
<b>Must document DD 2813 results on the SM's SF603: "Soldier classified as class __, on a DD2813 dated __ 2004"</b>			
<p>Edentulous areas not requiring immediate prosthetic treatment).</p> <p>(3) Patient has oral conditions that you do expect to result in dental emergencies within 12 months. Examples of such conditions are: (X the applicable block or specify in the space provided)</p> <p>(a) Infection: Acute oral infections, pulpal or periapical pathology, chronic oral infectious lesions and/or areas requiring biopsy or awaiting biopsy report.</p> <p>(b) Caries/Restorations: Dental caries or fractures with moderate or advanced extensions or temporary restorations that patients cannot maintain for 12 months.</p> <p>(c) Missing Teeth: Edentulous areas requiring immediate prosthodontic treatment for a communication, or acceptable aesthetics.</p> <p>(d) Endodontic Conditions: Acute gingivitis or pericoronitis, active moderate to advanced dental abscess, progressive mucogingival condition, moderate to heavy subgingival periodontal manifestations of systemic disease or hormonal disturbances.</p> <p>(e) Oral Surgery: Unerupted, partially erupted, or misaligned teeth with historical, clinical or symptoms of pathosis that are recommended for removal.</p> <p>(f) Other: Temporomandibular disorders or myofascial pain dysfunction requiring active treatment.</p> <p>(4) If you selected Block (3) above, please circle the condition(s) you identified in this patient if they describe the condition(s) below:</p> <p>(5) Were X-rays consulted? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE X-RAY WAS TAKEN (YYYY)</p> <p>7. DENTIST'S NAME (Last, First, Middle Initial) 8. DENTIST'S ADDRESS (Street, City, State, Zip)</p> <p>9. DENTIST'S TELEPHONE NUMBER (Include Area Code)</p> <p>10. DENTIST'S SIGNATURE/STATE LICENSE NUMBER 11. DATE OF EXAM</p>			

Allows a service member to receive a documented dental classification based upon examination by a civilian dentist.

- TDP paid by SM.
- SM's private insurance plan.
- Fee for service paid by SM.

■ **Military (RC) and contracted dentists must use SF603/603A**

■ **Minimum is mirror, probe and bitewing radiographs**

**Classification checked**

**Conditions of Class 3 checked?**  
X rays read. Exam meets standard?

# **PANOGRAPHIC RADIOGRAPH REQUIREMENTS**

- Panographic radiograph (one copy) is required in the military dental record
- Properly identified & dated.
- Adequate quality for diagnostic and identification purposes.
- No time limit on the age of panograph.  
**HOWEVER** , must adequately represent the current oral condition of the soldier-  
**substantial Class 3 treatment normally will require a new pano be taken BEFORE the SRP.**
- Digital panograph requires printed copy in record

# **SUPPORTING RADIOGRAPH REQUIREMENTS**

- **NEW PATIENT**- Individualized radiographic examination consisting of appropriate radiographs, commonly posterior bite-wings and selected periapicals.
- **RECALL PATIENT** - Bitewing Requirements
  - High caries risk/clinical caries: 12-18 months
  - Low caries risk/no clinical caries: 24-36 months

HHS Publication No FDA 88-8273

- Digital radiographs require printed copy in record

# **DO NOT SEND SOLDIERS TO MOB STATION WHO DO NOT MEET REFRAD POLICY STANDARDS!**



If SM brought to mob station, DENTAC will determine if deployable and REFRAD:

- Severe dental Class 3 conditions that require lengthy treatment & healing.
- Immediate complete or extensive partial dentures requiring months to

Treatment & healing must occur before Soldier's LAD date.

# **Pre-Mobilization Priorities: How to Spend Pre-Mobilization Time & Money**

- **Current D0120 exams to standard including panographic & supporting radiographs.**
- **Complete military dental records documented correctly. Screen DD2813s for correctness.**
- **Determine non-deployable REFRAD cases and start cross-leveling replacement Soldiers.**
- **Do oral surgery cases to allow pre-mob healing.**
- **Prioritize and complete 1 to 2 appointment CL3 treatment cases, then shift to intensive care cases.**